

In re application of: Bradley W. SMITH

Serial No.: 09/586,484

Filed: 01 June 2000

For: ELONGATED INFLATOR DEVICE, ASSEMBLY AND METHOD OF USE

COMMISSIONER FOR PATENTS
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col.1)		(Col.2)	(Col.3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	26	MINUS	24	2
INDEP.	6	MINUS	6	0
FIRST PRESENTATION OF MULTIPLE DEPEND. CLAIM				

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, in an envelope addressed to: Assistant Commissioner of Patents, Washington, D.C. 20231, on	
25 February 2004	25 February 2004
Nick C. Kottis	
Signature	Date of Signature

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SMALL ENTITY

RATE	ADD'L FEE
x 09 =	\$
43 =	\$
+ 145 =	\$
TOTAL ADD'L FEE	\$

OTHER THAN A SMALL ENTITY

RATE	ADD'L FEE
x 18 =	\$36.00
x 86 =	\$
+ 290 =	\$
TOTAL	\$36.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is attached.
- ☒ A check in the amount of \$ 36.00 is attached.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-3550. A duplicate copy of this sheet is attached.
- ☒ Any filing fees under 37 C.F.R. 1.16 for the presentation of extra claims.
- ☐ Any patent application processing fees under 37 C.F.R. 1.17

Respectfully submitted,

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